P140000 26918

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PłCK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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Control !

COVER LETTER

FearLESS Studio, Inc.

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	rear LESS	Ι -	16.	
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
;		ADDITIONAL CO	Status DPY REQUIRED	
FROM: Dessica Chin Fong Name (Printed or typed) Bood East Suncise Blue. Apt. 11B Address				
Fort Loudordala FL 33304 City, State & Zip				
	_	elephone number		
	Jessicate fe	amail.com	notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the cor	NAME poration shall be:	FearLE	2 22	tidio T.	76
_	PRINCIPAL OFFICE Principal street add	lress		Mailing address, if diff	erent is:
Apt. 118 Fort Lau	S dertale, FL	33304			
450000000000000000000000000000000000000	•		ephic I	lesign &	Yoga
					14 MAR
ARTICLE IV The number of share	SHARES es of stock is:	İ			24 bH 15: 14
	INITIAL OFFICERS			2:	· .
	3000 East S		`		
1	5rt Louderd	icle, FL 333	 3 <u>0</u> 4		
Name and	Γitle:		Name and Title	2:	
Address			Address:		
N	T'Al .		Nome and Titl		
Name and Address	Title:				
					

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Lessica Chin Forg	the registered agent is.
Address: 3000 East Surrice Blue	. Apt. 11B
Fort Loudordale, FL 333	H68
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: <u>Jessica Chin Fon</u>	٠ <u>ـ</u>
Name: <u>Jessica Chin Fon</u> Address: 3000 Fast Sunrise Blud Fort Louderdole, FL 333	J E. Ast. 11B
Fort Louderdole, FL 333	304
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
Required Signature/Registered Agent	<u> </u>
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a
accument to the Department of State constantes a third degree feton	03/11/14
Required Signature/Incorporator	Date